



Missouri Pharmacy Program – Preferred Drug List



Inhaled Corticosteroids *Effective 12/01/2004*

Preferred Agents

Available Without Clinical Edits

- QVAR 40mcg
- QVAR 80mcg
- Azmacort®
- Aerobid/Aerobid-M®
- Flovent®
- Advair Diskus®

Non-Preferred Agents

Available with Clinical Edits

- Beclovent®
- Vanceril®
- Flovent Rotadisk®
- Pulmicort®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.